

**QUARTERLY ELIGIBILITY/STATUS REPORT****For CASH AID, FOOD STAMPS, AND STATE CMSP**

THIS REPORT IS FOR THE MONTH OF \_\_\_\_\_

COMPLETE, SIGN AND RETURN THIS FORM BY THE 5TH OF THE MONTH AFTER THE **REPORT MONTH****NEED HELP? CALL YOUR WORKER.**

Worker Name: \_\_\_\_\_

Worker Phone: \_\_\_\_\_

BAR CODE: \_\_\_\_\_

**Request to Stop Benefits** (If you fill in this part, sign and date the back of this form. You can reapply at any time.)I ask that my ☐ Cash Aid ☐ Food Stamps ☐ Medi-Cal ☐ State CMSP be stopped on the last day of: \_\_\_\_\_ MONTH/YEAR**Part 1: What happened *IN* the Report Month?**

- 1. Did anyone get income from a job or training program or any other source?** ☐ YES ☐ NO  
If "YES", list all income below and attach pay stubs or other proof. (See instructions for examples of income.)

Who got the income?	Source	Gross amount	\$	\$	\$	\$	\$
		Date received					
		No. of hours worked or in training					
Who got the income?	Source	Gross amount	\$	\$	\$	\$	\$
		Date received					
		No. of hours worked or in training					
Who got the income?	Source	Gross amount	\$	\$	\$	\$	\$
		Date received					
		No. of hours worked or in training					

- 2. Did anyone pay for the care of a child, disabled person or other dependent while working, seeking work, or attending school or training?** ☐ YES ☐ NO  
If "YES", list all costs below and attach proof.

Name of person who received care	Cost \$	Name of person who received care	Cost \$
<b>3. Did anyone, who gets Food Stamps, pay court-ordered child or spousal support?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		If "YES", list the amount paid and attach proof of payment.	
Name of person who paid support	Cost \$	Name of person who paid support	Cost \$

**Part 2: What has happened *SINCE* your last Quarterly Report?**

- 4. Has anyone moved into or out of your home, or did you move in with someone else?** ☐ YES ☐ NO  
If "YES", complete below.

Full name of person	Relationship to you	Explain what happened	Date of change

- 5. Did anyone buy, get, sell, trade or give away any property?** ☐ YES ☐ NO  
(See Instructions for examples of property)

Who owns or got rid of the property?	Type of property	Value \$
--------------------------------------	------------------	-------------

6. Has anyone in your home been convicted of a drug-related felony for possession, use or distribution of a controlled substance(s) or has anyone been avoiding or running from the law to avoid any felony prosecution, custody, or confinement after conviction, or is anyone in violation of probation or parole? If convicted of a drug-related felony, give date of conviction.

☐ YES ☐ NO

If Yes, who? \_\_\_\_\_ Date of conviction \_\_\_\_\_

7. Have any of the following happened to someone in your household?

☐ YES ☐ NO

If "YES", list below and attach proof.

- Married, divorced or separated?
- Became pregnant, had a baby, aborted or miscarried?
- Became disabled or recovered from a disability or major illness?
- Citizenship or immigration status change, or got a new card, form or letter from INS?
- Started, stopped, or changed health, dental or life insurance benefits, including MEDICARE coverage?
- Student age 16 or older, started or stopped school or college. You may claim costs of tuition, school transportation, etc.
- Started or stopped working, refused a job or training, number of hours worked or in training went up or down, or went out on strike?
- Started or stopped getting In-Home Supportive Services?
- **For Cash Aid Only:** Child(ren) ages 6-17 stopped or started attending school regularly?

Name of person(s)	Relationship to you	What happened?	Amount	Date of change
			\$	
			\$	

**Part 3: What changes do you EXPECT in the next three months?**

8. Do you expect any changes in income or expenses (except for housing and utility costs) in the next three months?

☐ YES ☐ NO

If "YES", list below and attach proof. (See instructions for examples of income and expenses).

Name of person	Source of income or type of expense	Why will it change?	What do you expect the total amount to be for each of the next 3 months?		
			Month 1	Month 2	Month 3

**ADDRESS CHANGE**

Fill in this section **ONLY** if you have moved or have a new mailing address.

NEW Home Address				New Phone	
Number	City	State	Zip Code	( )	
NEW Mailing Address (If different from Home Address)				Date Moved	
Number	City	State	Zip Code		
Did your housing or utility costs go up because of this move? Explain:				<input type="checkbox"/> YES <input type="checkbox"/> NO	Amount \$

**CERTIFICATION**




**I UNDERSTAND THAT:** If on purpose I do not report all facts or give wrong facts about my income, property, or family status to get or keep getting aid or benefits, I can be legally prosecuted. And I may be charged with committing a felony if more than \$400 in Cash Aid, Food Stamps, and/or State CMSP is wrongly paid out. I have received a copy of the Instructions and Penalties for the Quarterly Eligibility/Status Report for Cash Aid, Food Stamps and State CMSP.

**YOU MUST SIGN AND DATE THIS REPORT AFTER THE LAST DAY OF THE REPORT MONTH OR IT WILL BE CONSIDERED INCOMPLETE.**

I declare under penalty of perjury under the laws of the United States and the State of California that the facts contained in this report are true and correct and complete for the entire report month.

**WHO MUST SIGN BELOW:**

**For Cash Aid:** you, your aided spouse and the other parent (of cash aided children) if living in the home.  
**For Food Stamps:** the head of household, a household member or the household's authorized representative.  
**For CMSP:** you, your spouse, or the person acting for the beneficiary.

SIGNATURE OR MARK 	DATE SIGNED	HOME PHONE ( )	CONTACT PHONE ( )
SIGNATURE OF SPOUSE OR OTHER PARENT OF CASH AIDED CHILD(REN) 	DATE SIGNED	SIGNATURE OF WITNESS TO MARK, INTERPRETER OR OTHER PERSON COMPLETING FORM 	DATE SIGNED

## INSTRUCTIONS AND PENALTIES

### QUARTERLY ELIGIBILITY/STATUS REPORT

#### For Cash Aid, Food Stamps and State-Run County Medical Services Program (CMSP)

Need Help? Call your worker.

- If you do not send in a complete report including, but not limited to, answering all questions on the QR 7/SAWS QR 7 and attaching proof when we ask for it, your benefits may be delayed, changed, or stopped. **Attach a separate sheet of paper if needed.**
- Facts you report may result in your benefits going up, down, or be stopped.
- Send in your completed report by the 5th of the month following the report month.

### Examples

<b>Income</b>	<ul style="list-style-type: none"> <li>• Wages</li> <li>• Vacation pay</li> <li>• Child/spousal support</li> <li>• Insurance or legal settlements</li> <li>• Rental income and rental assistance</li> <li>• Any government benefits</li> <li>• State Disability Indemnity</li> </ul>	<ul style="list-style-type: none"> <li>• Self-Employment</li> <li>• Tips</li> <li>• Interest or dividends</li> <li>• Strike benefits</li> <li>• Tax refunds</li> <li>• Unemployment</li> <li>• Social Security</li> <li>• Supplemental Security Income/State Supplementary Payment (SSI/SSP)</li> </ul>	<ul style="list-style-type: none"> <li>• Salary</li> <li>• Income In-Kind, such as earned housing, free housing/utilities/clothing/food</li> <li>• Gambling/Lottery winnings</li> <li>• Cash, gifts, loans, scholarships</li> <li>• Other private or government disability or retirement</li> <li>• Workers Compensation</li> <li>• Veterans or Railroad retirement</li> </ul>
<b>Property</b>	<ul style="list-style-type: none"> <li>• Motor vehicles</li> <li>• EBT balance</li> <li>• Home</li> </ul>	<ul style="list-style-type: none"> <li>• Checking</li> <li>• Savings Bonds</li> <li>• Land</li> </ul>	<ul style="list-style-type: none"> <li>• Savings</li> <li>• Life insurance policies</li> <li>• Trusts</li> </ul>
<b>Housing Costs</b>	<ul style="list-style-type: none"> <li>• Rent</li> <li>• Utilities</li> </ul>	<ul style="list-style-type: none"> <li>• Mortgage</li> <li>• Homeowners insurance</li> </ul>	<ul style="list-style-type: none"> <li>• Property taxes</li> <li>• Garbage/trash collection fees</li> </ul>
<b>Expenses</b>	<ul style="list-style-type: none"> <li>• Medical expenses</li> <li>• Health insurance premiums</li> <li>• Child/dependent Care</li> </ul>	<ul style="list-style-type: none"> <li>• College tuition &amp; supplies</li> <li>• Mandatory school fees</li> <li>• Child/spousal support</li> </ul>	<ul style="list-style-type: none"> <li>• Transportation</li> <li>• Room &amp; Board</li> <li>• Housing costs</li> </ul>

### Penalties

**PENALTIES FOR CASH AID FRAUD:** If on purpose you do not follow Cash Aid rules, your Cash Aid can be lowered for a period of time and you may be fined up to \$10,000 and/or sent to jail or prison for up to 3 years.

#### Your Cash Aid can be stopped:

- For not reporting all facts or for giving wrong facts: 6 months for the first offense, 12 months for the second offense, or forever for the third.
- For submitting one or more applications to get aid in more than one case for the same time period: 2 years for the first conviction, 4 years for the second, and forever for the third.
- For conviction of felony fraud to get aid: 2 years for theft of amounts under \$2,000; 5 years for amounts of \$2,000 through \$4,999.99; and forever for amounts of \$5,000 or more.
- Forever: for giving the county false proof of residency in order to get aid in two or more counties or states at the same time; giving the county wrong facts for an ineligible child or a child that does not exist; getting more than \$10,000 in cash benefits through fraud; getting a third conviction for fraud in a court of law or an administrative hearing.

**PENALTIES FOR FOOD STAMP FRAUD:** If on purpose you do not follow Food Stamp rules, your Food Stamps can be stopped for 12 months for the first violation, 24 months for the second, and forever for the third. You may be fined up to \$250,000 and/or sent to jail/prison for 20 years.

- **If you are found guilty in any court of law or administrative hearing because:**
- You traded or sold Food Stamps for firearms, ammunition, or explosives, your Food Stamps can be stopped forever for the first violation.
- You traded or sold Food Stamps for controlled substances, your Food Stamps can be stopped for 24 months for the first violation and forever for the second.
- You traded or sold Food Stamps that were worth \$500 or more, your Food Stamps can be stopped forever.
- You gave the county false identity or residence information, so you can get Food Stamps in more than one case at the same time, your Food Stamps can be stopped for 10 years.